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| COMPREHENSIVE ASSESSMENT AND TRAINING SERVICES (CATS) PROJECTREFERRAL FORM |
| **PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE FILLING OUT & SUBMITTING THIS FORM:** * We need the information to be as completed as possible, **including a Medicaid number and/or SSN for each child.**
* **You should be able to tab among fields, or click in a field to type.**
* After you have filled out all the necessary information, **PLEASE KEEP THE DOCUMENT IN MICROSOFT WORD FORMAT** **(please do not print & scan to a pdf)**, save a copy to your computer just in case, and then email to: CATSReferrals@uky.edu.
* **We will also need the court order and TWIST case summary for the family (accessed by clicking on the case number in TWIST). These can be attached to your submission email.**

**If you have any questions, please call 859-218-6901** |
| **Today’s Date:** Click or tap here to enter text. |
| **1. REFERRAL CONTACT INFORMATION** |
| **DCBS Worker** | Click or tap here to enter text.  | **Phone** | Click or tap here to enter text.  |
| **Email** | Click or tap here to enter text.  | **Fax #** | Click or tap here to enter text.  |
| **Address** | Click or tap here to enter text.  | **Best Way to Contact You?** | Click or tap here to enter text.  |
| **Region** | Click or tap here to enter text. | **County** | Click or tap here to enter text. |
| **FSOS** | Click or tap here to enter text.  | **Email** | Click or tap here to enter text.  |
| **2. COURT INFORMATION** |
| Is there a pending hearing? [ ]  Yes [ ]  No If Yes, when? Click or tap here to enter text. |
| Court Findings: Click or tap here to enter text.  |
| Judge: Click or tap here to enter text.  |
| County of Jurisdiction: Click or tap here to enter text.  |
| Case Name: Click or tap here to enter text.  |
| TWIST #: Click or tap here to enter text. |
| **3. CHILD INFORMATION** |
| **Full Name** | **DOB** | **Age** | **Gender** | **Race/ Ethnicity** | **Medicaid #** | **Social Security #** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **4. FAMILY INFORMATION** |
| **Biological Mother** |
| Full Name: Click or tap here to enter text. | DOB: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | SS #: Click or tap here to enter text. |
| Age: Click or tap here to enter text. | Race/Ethnicity: Click or tap here to enter text. |
| Mother of: Click or tap here to enter text. |
| **Biological Father** |
| Full Name: Click or tap here to enter text. | DOB: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | SS #: Click or tap here to enter text. |
| Age: Click or tap here to enter text. | Race/Ethnicity: Click or tap here to enter text. |
| Father of: Click or tap here to enter text. |
| **Other Parent, if applicable** |
| Full Name: Click or tap here to enter text. | DOB: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | SS #: Click or tap here to enter text. |
| Age: Click or tap here to enter text. | Race/Ethnicity: Click or tap here to enter text. |
| Gender: Click or tap here to enter text. | Parent of: Click or tap here to enter text. |
| **5. CURRENT PLACEMENT INFORMATION** |
| Are the children currently in OOHC? [ ]  Yes [ ]  No If Yes, since when? Click or tap here to enter text. |
| What is the current DCBS goal? Click or tap here to enter text. |
| Child(ren): Click or tap here to enter text. |
| Caregiver Name/Relationship: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. |
| Child(ren): Click or tap here to enter text. |
| Caregiver Name/Relationship: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
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| Caregiver Name/Relationship: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. |
| **6. VISITATION:** |
| Do the parents currently have visitation: [ ]  Yes [ ]  No [ ]  Supervised [ ]  Unsupervised |
| If Yes, what are the visitation location, agency, and schedule? Click or tap here to enter text.  |
| Are the parents consistent with participating in visitation? [ ]  Yes [ ]  No |
| What are the children’s reactions to visits (and based on whose report: DCBS, FPP, etc.)?Click or tap here to enter text. |
| **7. ASSESSMENT QUESTIONS** |
| **What questions does DCBS want the CATS Assessment to address?** |
| **·** | Click or tap here to enter text. |
| **·** | Click or tap here to enter text. |
| **·** | Click or tap here to enter text. |
| **·** | Click or tap here to enter text. |
| **8. TRANSPORTATION** |
| Who will transport children and adults to the CATS Clinic? Click or tap here to enter text. |
| Potential for Violence toward CATS Project staff:  |
|  [ ]  None |  [ ]  Low |  [ ]  Moderate |  [ ]  High |
| Potential for Violence between family members: |
|  [ ]  None |  [ ]  Low |  [ ]  Moderate |  [ ]  High |
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| **9. DCBS HISTORY:**  |
| Remember to attach the Case Summary Face Sheets to your email when you submit this referral. Thank you! |

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**We will also need the Case Summary Face Sheets and court order.**

**These can be attached to your submission email.**